This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9 407008

Total Fee Calculation									
	Fee Cade	Total # Claims	Number Extra)	C_Fee	Fe: ■	T			
Basic Filing Fee Total Claims >20 Independent Claims >3 Mult. Dep Claim Present Surcharge English Translation TOTAL FEE CALCULA Fees due upon filing the	205/105 139 ATION	20 = 3 =	x	Sm. Entiry	Lg. Entiry	760 130			
Total Filing Fees Due	= \$	890,	<i>(</i> 0)	·					
Less Filing Fees Subm	ined - S	V		·	•				
BALANCE DUE	= S	89	0.11)		•				
Office of Initial Patent I	Lutis Examination	_							

FORM OPE-RAM-01 (Rev. 12/97)

Application	Or	Doc	ket	Num	bei
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE		OR	OTHER SMALL			
FOR		NUMBE	R FILED	NUMBER E	XTRA	RATE	FEE		RATE '	FEE
BASIC FEE						380.00	OR		760.00	
TOTAL CLAIMS / minus 20= *			0= *		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS minus 3 = *				X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	TOTAL		OR	TOTAL	160
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
	•					TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE	: <u></u>	J - ' '	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE	<u> </u>	1 ~,	ADDIT. FEE	<u> </u>
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***	=	X39=		OR	X78=	
¥	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM			 			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +130= +130= TOTAL OR TOTAL										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										